A substantial body of research documents the socioeconomic ‘gradient’ in which worse health outcomes are associated with lower positions in the hierarchies of income, education and occupational status. The Black report (Black, 1980) was not the first major work to address this issue, but it was a milestone, and since it appeared, publishing on the topic has increased considerably, beginning with a trickle during the 1980s and becoming a flood since the mid 1990s. In the circumstances of such heightened interest and output, edited collections become both inevitable and necessary. The volume under review joins (at least) two others, also high quality, published in the last two years [(Keating and Hertzman, 1999); see review this issue (Marmot and Wilkinson, 1999)].

The editors’ thoughtful, clear introductory essay acknowledges the intellectual and political history of health inequalities research, and sketches the developments and debates within which the chapters are located. The Black report confirmed that economic barriers to medical services were not the cause of inequalities in health outcomes. Subsequent research—especially longitudinal—has shown that the gradient is not simply an artefact of data collection, that it is not narrowing over time, and that selection does not explain what are complex interactions.

The first substantive section of the book contains four papers on ‘understanding the social dynamics of health inequalities’. Most of the chapters in this section grapple with research showing how health inequalities prevail throughout the SES spectrum, not only among those suffering absolute material deprivation. Elstad’s ‘Psycho-social perspective’ proposes a theoretical model to account for observed patterns of inequalities, linking the large literature on the health effects of stress with work on the quality of social relationships and concepts of self-efficacy. His perspective links directly with the paper by Wilkinson, Kawachi and Kennedy who are well-known contributors to this discourse. Here they use data on US state crime rates and social capital to examine the nature of the social relationships (of competition, disrespect and shame) that give rise to violent crime which are, they suggest, closely connected to the psycho-social sources of ill health.

The other two chapters in the first section mobilize a somewhat different (but not necessarily conflicting) approach. Popay and colleagues summarize the Whitehead/Dahlgren model of concentric rings of influences on health inequalities, working from biological factors at the centre through individual and social influences to broad socioeconomic, environmental and cultural dimensions. I particularly warmed to their critique of the ‘profoundly non-social’ approaches which continue to add ever ‘more social variables to an increasingly long list of risk factors’ (p. 69). Usefully, however, their critique does not set up antagonistic dichotomies, but calls for an integration of the individual and the social, agency and structure, micro and macro.

In the title of their chapter, Curtis and Jones ask whether there is ‘a place for geography in the analysis of health inequality’, and supply abundant rich evidence for an affirmative answer. They distinguish compositional and contextual effects, carefully disentangling the fact that similar people may live in the same neighbourhood (composition) from the possibility that the social and physical environment (context) contributes to the health of individuals within that environment.
That chapter lays the groundwork for the book’s second section on ‘social and spatial inequalities in health’. In ‘Changing the map: health in Britain 1951–1991’, Shaw, Dorling and Brimblecombe show that the persistent and rising mortality gap cannot be explained by class alone. Nettleton and Burrows describe the psychological and health consequences of the onset of mortgage debt and resulting housing insecurity, thus elaborating in detail one potential process contributing to patterned inequalities in health.

Two chapters call welcome attention to the ‘complexity’ of social categories. Nazroo’s research on race/ethnicity constitutes a challenge to surveys and routine statistical collections which adopt a ‘tick box’ approach to the classification of ethnicity. He calls for a focus on ethnic identity which produces a much more intelligible analysis of the link between ethnicity and health because it considers such factors as the experience of racism and ghettoization. Similarly, Cameron and Bernardes’ study of prostate disease locates the multiplicity concealed within the falsely unitary categories of gender. Deficiencies in the conceptualization and measurement of the basic categories (class, ethnicity, gender) must be overcome if research is to advance and inform practical policy responses to health inequalities. After all, the notion of ‘difference’ lies at the heart of any discourse in this field, and if our thinking around these fundamental concepts is inadequate, the data will not make sense and resulting policy recommendations are likely to be off the mark.

In its incarnation as a journal issue, this book contained no thematic sections. If there is an intellectual weakness in the collection, it is that the sections—particularly the first—do not hang together entirely comfortably. The move from journal to book also resulted in deletion of the abstracts which can be helpful, particularly for such complex and subtle material. As far as I can discern, the book and journal issue are otherwise identical except for a short index, repagination and the unfortunate omission of Bernardes’ name from the book’s contents page.

A frustration for consumers of this literature is its comparative parochialism, both national and intellectual. Fortunately, this collection is somewhat more cosmopolitan than usual. While most contributors to the book are from English universities, there are also Dutch and Norwegian authors, although the only American names are co-authors with Wilkinson (who is from Sussex). That might not matter if more people read and thought carefully about work from other nations and intellectual traditions. Some participants in these debates advocate strongly held ideological positions which may undermine their capacity to consider the implications other perspectives might have for their own research and policy preferences. As I have threaded my way through the books, reports and journals, I have occasionally wondered whether contesting authors are sometimes addressing different issues rather than arriving at different answers to the same question. Fortunately, this book contains a minimum of ideological rhetoric and a maximum of open-mindedness and inter-disciplinary flexibility with no compromise on intellectual or empirical rigour or loss of commitment to constructive change.

Many observers believe that policy decisions of the 1990s have contributed to widening health as well as income gaps. The UK is now striving to formulate concrete policy responses (Acheson et al., 1998) to the evidence available now (Wilkinson and Marmot, 1998) while it continues to invest in further research. The US National Institutes of Health have also committed significant research funding to inequalities in health. Bartley, Blane and Davey Smith’s collection is a timely and welcome contribution which will be valuable for researchers and graduate students in public health and sociology. Writing from Australia, it remains to be seen whether this country will also invest substantially in research of this kind, and, over the longer term, whether policy interventions can make a positive difference.

Dorothy Broom
National Centre for Epidemiology & Population Health
The Australian National University
Australia

REFERENCES


This is a brilliant and powerful book written by a number of members of the Human Development Program of the Canadian Institute of Advanced Research, an interdisciplinary virtual Institute established by Fraser Mustard after he left McMaster University in the mid-1980s. It is a synthesis of evidence from a number of fields in support of the hypothesis that the persistent socioeconomic gradients in health and well-being outcomes begin in early life, and have their origin in early life environmental experiences that influence brain development and affect coping skills throughout life. It draws together findings from the emerging fields of psychoneuro-immunology and psychoneuroendocrinology to outline some of the plausible biological pathways that might explain this. Whilst risk is not destiny, and as Mustard reminds us in his foreword ‘succeeding events over the lifespan also influence these characteristics and outcomes, the weight of the evidence suggests that the quality of nourishment and nurturing in the early years is far reaching’.

We owe Keating and Hertzman a great debt for conceiving the term ‘developmental health’ to summarize the broad range of conditions ‘from behavioural adjustment, to literacy, to mathematical achievement … criminality, drug use and teen pregnancy’, the risks for which are profoundly influenced by psychosocial and socioeconomic circumstances throughout the life cycle, but particularly in the earliest years. It is a much more apposite term than ‘the new morbidity’ (how long can the changed patterns in the epidemiology of child health evident for the last quarter century be considered ‘new’?). The only improvement one could suggest to indicate its broader implications would be to add ‘and well-being’ to get around the difficulty in the minds of some of our colleagues in other sectors that ‘health’ relates only to conditions that are the responsibility of those working in the health system.

One of the great strengths of the book, as suggested by the title, is its analysis of the societal implications of steep socioeconomic gradients in outcomes. ‘The quality of early childhood affects the quality of the future population and prosperity of the society in which these children are raised’. In noting their lack of political clout, it recognizes that children are particularly vulnerable to environmental stress at times of rapid social change. As we enter more fully into the ‘information age’, a revolution distinguished from previous historical shifts by its ‘capacity for almost infinite acceleration’, the consequences of sharp gradients in developmental health and well-being outcomes for us becoming a ‘learning society’ are emphasized—allowing the status quo to persist will result in the separation of a technological and cognitive elite from an increasingly marginalized mass population, both within and across societies. An alternative pathway is to ensure that technology is introduced and disseminated in ways that facilitate mass participation in the collaborative building of knowledge ‘not only about our material and economic existence, but also in terms of our social functioning and societal structure’.

The other great strength of the book is its success in integrating the key contemporary discourses about the social determinants of health. Where else in one volume has the emerging knowledge about the impact of early environmental circumstances on genetic expression in brain development (biological embedding and neural sculpting), the role of attachment between young children and their primary caregivers on children’s ability to self-regulate emotional and behavioural expression, been brought together with an analysis of the part played by social capital in contributing to those environments?

The book, as well as delineating problems, also points to solutions, pointing out that a ‘lack of knowledge of infants’ capabilities and the environmental circumstances that best promote early growth and development is no longer a constraint to putting sound programs in place for enhancing children’s development’ … rather ‘transforming knowledge into action is the major limiting factor and (overcoming it) requires the combined support of governments, non-government organizations, the private sector and the media’. Not covered in this book, but of some relevance, is the work summarized by Fonagy...
(1998) for the Acheson inquiry showing the promise of training parents to be more sensitive to the behavioural cues of very young children.

Who should read this book? Anyone who works with or trains those who work with children and families; the ideas in this book have the potential to change not only the philosophy of child health and paediatrics and child and family mental health, but give it increasing societal importance. (It is a recommended core text in our medical school.) The same applies to the other disciplines directly concerned with early childhood—education, child care, child welfare. But the potential audience is much broader than this and includes any who work in public health and health promotion as well as the increasing body of criminologists becoming concerned about the antecedents of criminal behaviour and those working to prevent substance misuse. But it is those who craft public discourse and policy—the media, and social policy makers—who would have most to gain from an understanding of the messages of this book, particularly, the economists who need to recognize the emerging evidence that wise expenditure on strategies to enhance the early years is an investment, not a cost; it is maintaining the status quo by doing nothing that in the long term will prove to be the more expensive route.

Graham Vimpani  
Professor of Paediatrics and Child Health  
University of Newcastle  
Locked Bag 1014 Wallsend  
2287 NSW, Australia

REFERENCE